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# MISSOURI

## STATE BOARD OF NURSING

### NEWSLETTER

*The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 98,000 to all RNs and LPNs*

**Volume 6 No. 3**

**August, September, October 2004**

## Message From the President

Authored by Robin S. Vogt, PhD, RN, FNP-C  
Board President

### *Continuing to Plan for National Security*

I was privileged to attend the Emergency System for Advance Registration of Volunteer Healthcare Personnel (ESAR-VHP) focus group committee on behalf of the Board of Nursing in Bethesda, Maryland, in May. The Board of Nursing was one of 30 invited to participate in this planning.

The main goal for the meeting was to identify and begin to share ideas regarding key policy and implementation issues during the establishment of the Emergency System for Advance Registration of Volunteer Healthcare Personnel (ESAR-VHP).

Other agencies represented at the meeting were the White House Homeland Security Council, the Food and Drug Administration (FDA), Center for Disease Control (CDC), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and others within Health Resources and Services Administration (HRSA). Lois Kollmeyer from the Department of Health was also in attendance from Missouri.

The Board has been working to identify key data elements to include in a minimum database for Missouri. We have developed an exhaustive list of elements for Missouri and presented our information at this meeting. We discussed the importance of developing a system that would allow a parallel transfer of these data elements to a national database.

This group looked at issues such as interoperability, updates, liability, etc. The group expressed to the White House Homeland Security Council the need to make a decision nationally on liability, immunity, etc. regarding workers involved in assisting with a bioterrorism event. Currently, if an event occurs and it is declared a federal disaster, healthcare workers and volunteers are covered under the national plan. It is very unclear where the responsibility and liability lie until the federal disaster is declared.

The members of the group were very willing to work together to develop a plan. JCAHO expressed a desire to assist in credentialing matters in an event allowing healthcare workers to go into a hospital, who were not employed by that hospital, to help with the surge of patients. We discussed using a national data bank for physicians in lieu of primary verification during the event.

There was much discussion and work done in the two-day meeting. The White House Homeland Security Council representative stated President Bush has a target date of January 2005 for the model and to be functional no later than June 2005. The plan is to have at least 20,000 workers available for a mass casualty of 100-200,000 patients.

Each state will have their individual data bank, which will need to be tied nationally in some way. HRSA indicated that funding will be available to support this initiative. One database that was reviewed was the CDC's PHIN (Public Health Information Network) database. Other possibilities are the use of the state's licensing boards. I think it is important to augment current systems in place rather than to invent a new system. The support added would allow expansion to the current systems by adding fields of data needed for a national database to the existing computerized registry of licensed healthcare personnel. This information could then be set up in a file format and electronically transferred into a national database. It was made very clear this would not be a federal database, rather a collec-

tion of individual state's information for a national effort.

In reviewing the requirements needed should an event occur in Missouri, the Board of Nursing is exploring ways to facilitate this. We reviewed, at the quarterly Board meeting in June, the use of the "smart card".

Smart cards carry "smart" computer chips or have a magnetic strip on the back of the card with detailed information about the holder. The Board of Nursing would identify what information would be "stored" for nurses. At a minimum, it could contain name, license number, profession, expiration date, certifications in specialty areas, level of access to a disaster site and codes for level of expertise. A person at the disaster site could be armed with a hand-held device that would scan the card, clear it with a central system, and then allow or deny access. In addition, the scanner could collect the date and time the licensee entered the facility and store that information.

Other uses could also be when the licensee attends bioterrorism training courses, the card could be scanned, the information stored and uploaded to the database system. One of the benefits of this type of system is higher security.

We discussed "color coding" the cards we would use, depending on the level of bioterrorism training a person has taken. This would be kept very simple using red, yellow and green as the colors to identify one's level of training. Red would indicate a volunteer has not had any type of training. Yellow indicates a basic level of training. Green indicates advanced training with practice simulations.

The "levels of expertise" would be identified as Level 1, 2 and 3. Level 1 assures the healthcare worker has a valid license. Level 2 would indicate a person is licensed and certified, for example, by ACLS. A Level 3 would indicate licensure and advanced or expert training in a specialty field, such as, burn certified.

So, for example, a Level 3 Red individual volunteers in response to the occurrence of a chemical event. This person (because of no bioterrorism training) would be best suited to help with burn patients in the hospital. The "card" or "badge" for this volunteer would be red in color. When scanned, the Level 3 would indicate certification in burn nursing and a current active license which would provide the incident commander the ability to assign this healthcare professional appropriately, thus assuring the safety of the public and the licensee.

If the licensee were a Level 3 Green, this would indicate advanced certification and advanced training in bioterrorism and this person would be well suited to assist at the chemical site. If a disaster without biological/chemical/radiological terrorism, such as an explosion, were to occur, the Level 3 Red licensee would be just as suited to provide care in the field as the Level 3 Green licensee. Thus, in preparing for a bioterrorism event, we have also developed a disaster list for any type of state disaster.

After the initial impact of the disaster, the incident commander could quickly assess the appropriateness of the volunteers present at a site based on the "color" of their badge/card. And it would allow quick entry into the site for those properly trained.

We are also exploring the idea of issuing all licensees, not just volunteers, with a smart card or a magnetic stripe license. The regular license would most likely be white with the data stored on the magnetic strip as described above. We will continue to review costs, the ability to have photos on the license, etc. Our most pressing effort is in the use of these for our volunteer database.

We still have "bugs" to work out and we are working with MMRS leaders as well as the State's Homeland Security agents to assist in this endeavor. I believe it is important to keep our licensees informed of our ongoing efforts. Many times in discussions with licensees valuable input is obtained to assist us. Please feel free to email us at [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov), subject line Homeland Security, with any further ideas or comments related to this issue.



Vogt

### GOVERNOR

The Honorable Bob Holden

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### DIVISION OF PROFESSIONAL REGISTRATION

Marilyn Williams, Director

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**IMPORTANT TELEPHONE NUMBERS**

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

**SCHEDULE OF BOARD MEETING DATES THROUGH 2005**

September 1-3, 2004	June 8-10, 2005
December 8-10, 2004	September 7-9, 2005
March 9-11, 2005	December 7-9, 2005

All meetings will be held at the Harry S Truman State Office Building, 301 West High Street in Jefferson City, Missouri. Photo ID is required.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

**Note: Committee Meeting Notices are posted on our Web site at <http://pr.mo.gov>**

**NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI**

*As of July 8, 2004*

Profession	Number
Licensed Practical Nurse	22,719
Registered Professional Nurse	76,430
Total	99,149



# Executive Director Report

Authored by Lori Scheidt, Executive Director



## Board Amends Mission Statement

The members of the Missouri State Board of Nursing revised their mission statement during their June 9-11, 2004, meeting. The new mission statement is:

*The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.*

The Board believes this mission statement more accurately reflects the responsibilities of the Board.

## New Board Staff E-Mail Addresses

Board of Nursing staff all have new e-mail addresses. The new format is the [firstname.lastname@pr.mo.gov](mailto:firstname.lastname@pr.mo.gov). For example, my new e-mail address is [lori.scheidt@pr.mo.gov](mailto:lori.scheidt@pr.mo.gov). The generic e-mail address for the Board of Nursing is [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov).

## Scheidt

### Success Stories

The Board of Nursing is fortunate to have some extremely dedicated staff working for them. It is with great pleasure that I share some success stories with you. One person wrote this letter:

*“I appreciate you going the extra mile in ‘deeming’ Shelley eligible and caring to do so. So many times we forget about the work you do and the many hours you put into these applications and other information. This time was no different and you have gone ‘above and beyond.’ I would also like to thank Michelle and her staff for working on this as well. I know that she has put in many hours and has personally worked extra for this graduate. I commend you both for a job well done!*

This letter was written to Kathy Tucker, Licensing Supervisor, who has been with the Board since 1991, and Michelle Cartee, Licensing Technician II, who has been with the Board since 2001.

Numerous letters have been received commending Patti Hack, Senior Office Support Assistant employed by the Board since March 2003. Some of the highlights of the letters are: an employee that rose above and beyond her call of duty; a compassionate and caring individual during a time of great stress, professional, honest, and a guardian angel. I can tell you that staff that work with Patti also feel this way about her. She is truly one of a kind.

Becki Hamilton is an Executive Assistant for the Board of Nursing and a true perfectionist. She has been commended for her professionalism, expediency, efficiency and creativity. Among a large variety of duties, she posts meeting notices on our web site and makes sure we comply with the ever-important Sunshine Law. She has been with our office since 2001. Becki is the glue that holds our successful office together. She never says “no” or “we can’t” – it is always, “let me see what I can do.”

The summer months are our busiest times of the year due to license renewals and May graduates. A couple of weeks ago on one of those extremely busy days, my staff gave me cause to pause and be thankful. A person (we will call him Nurse John) had driven to our state from the state of Louisiana to obtain a temporary work permit. Darcie Rehagen, a Licensure Technician and two-year employee, assisted Nurse John with his paperwork. He completed his application and was ready to have the application notarized when he discovered he did not have his driver’s license with him. A driver’s license or some sort of photo ID is needed to verify identity in order to notarize his signature. Darcie came to my office and relayed all this to me. I then called the Missouri Department of Revenue and discovered that Louisiana might be able to fax us a certified copy of his driver’s license. We gave Nurse John the phone number for the Louisiana Department of Revenue and provided him with a phone to make the call. To our dismay, Louisiana could not fax a copy of his driver’s license. At this point, Darcie consulted Mike Parkhurst, a Licensure Technician and seven-year employee, who is also a notary public. Mike called the Secretary of State’s office to determine what would be adequate identity proof in order to notarize the application. While the staff were hard at work trying to find a solution to Nurse John’s predicament, Nurse John went to get change from his car and found his driver’s license under the seat! Mike notarized his application, Darcie issued him a temporary permit, and he was on his way. I was so proud of Darcie and Mike and how they worked as a team to find a solution to the problem. Mike and Darcie both knew that Nurse John was needed somewhere in Missouri to take care of patients and they were willing to eliminate the barriers to authorize him to do so. Thank you Mike and Darcie for going above and beyond.

### Results of 2004 Legislative Session

Since the close of the legislative session, I have received phone calls and e-mails from nurses inquiring about the status of bills I mentioned in my last article. Thank you for taking the time to inquire!

Senate Bill 1122 contained a section to amend Section 335.016 (definitions in the Nursing Practice Act). The amendment adds a sentence to the end of section 2. The new section 2 will read:

*(2) “Advanced practice nurse”, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing. The board of nursing may promulgate rules specifying which professional nursing organization certifications are to be recognized as advanced practice nurses, and may set standards for education, training and experience required for those without such specialty certification to become advanced practice nurses.*

*Advanced practice nurses and only such individuals may use the title*

*“Advanced Practice Registered Nurse” and the abbreviation “APRN”*

House Bill 898 (Johnson, Robert Thane-R) would have established the Prescription Drug Repository Program in the Department of Health and Senior Services to provide prescription drugs to low-income Missouri residents. *This bill did not pass; however, Senate Bill 1160 did and includes the same language.*

House Bill 1425, the bill filed by Representative Lanie Black (Republican-District 161), *did not pass.* This bill would have:

- Added the definition of Advanced Practice Registered Nurse (APRN);
- Allowed APRNs to be issued a temporary permit;
- Defined lapsed license status;

- Allowed an advanced practice registered nurse (APRN) to have one license with one renewal date rather than a license and a document of recognition (two licenses) with two separate expiration dates;
- Revised 335.017 IV therapy language to represent current terminology;
- Revised 335.049 exemption for those APRNs already recognized;
- Protected the title of “nurse”;
- Added a definition of retired license status;
- Allowed the Board to hold expedited hearings; and
- Allowed for certification for specialty training.

The Board of Nursing does plan to request permission to pursue these same legislative items next session.

### Other bills that did not pass follow.

House Bill 1028 (Pratt, Bryan-R) and Senate Bill 1004 (Shields, Charlie-R) would have restricted who can give injections.

Senate Bill 749 – (Kennedy, Harry-D) would have licensed registered nurse first assistants. House Bill 987 – (Ward, Dan-R & Page, Sam-D) would have established a prescription monitoring program in the Department of Health and Senior Services.

House Bill 1334 (Davis, Cynthia-R) would have distinguished the practice of midwifery from the practice of medicine.

Senate Bill 1255 – (Dougherty-D) would have authorized an advanced practice nurse to prescribe schedule III, IV and V controlled substances if such nurse has been delegated the authority under a collaborative practice agreement.

Senate Bill 1127 (Cauthorn, John –R) was the Nurse Licensure Compact.

### License Revocations

House Bill 600, passed by the General Assembly during the 2003 legislative session, provides that professional licensees who have not filed taxes for the past three years or made any arrangements to pay past due taxes with the Department of Revenue shall have his/her professional license revoked. The purpose of the new law is to assist the state in the collection of delinquent taxes. The law requires the Division of Professional Registration to provide the Department of Revenue with the names and social security numbers of licensees 30 days prior to sending out notices to renew their license or within 30 days of initial application. The following professionals are the first to be impacted by this new law: Physicians and Surgeons, Podiatrists, Physician Assistants; Physical Therapists; Physical Therapy Assistants; Athletic Trainers; Perfusionists; Speech Pathologists; Clinical Audiologists; Psychologists; Marital and Family Therapists; Interpreters and Barbers.

It is our information that the following process was followed: The Department of Revenue sent notification of tax delinquency to licensees in January via first class mail. Licensees were given 90 days to either pay the state taxes owed or make arrangements for payment. On the 91st day, the Division of Professional Registration was provided with a preliminary count of approximately 3,300 licensees who had not complied with the notice. The Department of Revenue will send a certification of non-compliance for each licensee to the respective professional licensing board 15 days from the 91st day. Effective the date of that notification the license is revoked.

If licensees have questions with regard to non-compliance of state income tax, they should contact the Department of Revenue at 573-751-7200.

There was an amendment passed to this law which will suspend the professional license rather than revoke it, however, this amendment (if signed by the Governor) will not be effective until August 28, 2004, so until that date - licenses will still be revoked. Because RNs don’t renew until April 2005, the revocations should impact LPNs only.



# Missouri Commission on Patient Safety

A governor’s commission urged the state’s healthcare community to adopt new standards to protect and manage patient safety, including notification of errors and counseling for all patients who are harmed.

The Missouri Commission on Patient Safety also proposed establishment of a private center that would bring together healthcare facilities, professionals, consumers, employers, state agencies and others on healthcare safety and quality projects in Missouri. The center would work to reduce mistakes in all settings, including 900 to 2,000 estimated deaths from preventable medical errors in Missouri hospitals alone each year. “Healthcare long has had an error rate that other industries consider unacceptable,” said Dr. Gregg Laiben, the commission chairman from Kansas City. “This report can help inaugurate a new era for healthcare in Missouri – and the public should demand these changes.”

Gov. Bob Holden appointed the 16-member Missouri Commission on Patient Safety in September 2003 to identify how to reduce medical errors and other incidents that lead to malpractice litigation. The report also is Missouri’s response to a landmark federal Institute of Medicine study that estimated 44,000 to 98,000 American die needlessly each year from preventable errors in hospitals, not counting outpatient settings.

A Harvard School of Public Health-Kaiser Family Foundation study in 2002 found that 42% of Americans or their family members have been the victims of medical errors, with 10% involved with deaths.

Gov. Holden said he looks forward to forging the public-private partnership outlined in the report. He said he will appoint a team of officials to identify areas in which state government can aid the new center and implement the recommendations.

“These proposals rely mainly on the private sector to step forward and reduce error rates,” Holden said. “But as governor, I have a vested interest in making sure these efforts better protect all our citizens. In fact, state government — with its services for children, the low-income, the elderly and public employees — is the largest buyer of healthcare services in Missouri.”

Laiben said the recommendations focus on creating a “culture of safety” in Missouri that encourages healthcare staff to report and investigate errors and then take steps to ensure they don’t occur again.

“American medicine historically has been caught up in a ‘culture of blame,’ assuming that malpractice litigation and disciplining individuals will solve our problems. They haven’t. We still have up to 98,000 people – or more in some studies — dying needlessly each year in hospitals,” Laiben said.

“Healthcare depends on humans, who all are fallible. We need to fix healthcare systems that today don’t prevent people from making mistakes that harm patients. Aviation and other industries have shown that we can develop fail-safe systems and cut the risk of death and injury substantially. We will protect more people and save more lives by focusing on a bigger picture.”

### Minimum standards for patient safety

The commission recommended that to prevent and manage medical errors, all Missouri healthcare organizations and professionals should:

- Disclose errors to patients. Contrary to conventional wisdom, disclosure tends to reduce malpractice liti-

gation and costs.

- Identify patient advocates upon admission and provide counseling for those affected by adverse events or outcomes.
- Establish internal reporting and analysis of errors and “near misses” that allow healthcare systems to avoid future mistakes.
- Adopt “best practices” and technological advances that reduce errors.
- Protect any healthcare professional or employee from reprisal who in good faith reports conditions or events that jeopardize patient safety.

Laiben said that while the commission did not recommend laws to require most of these steps, he expects the new center and the public to press hospitals and other facilities to implement such standards.

“If healthcare organizations regularly field questions from the media and patients about whether they follow these steps, we will see more facilities adopting the standards and, in fact, publicizing what they do to protect patients,” Laiben said. “Existing state licensing and private accreditation do not guarantee the kind of improvements the public needs.”

### Missouri Center for Patient Safety

The new center – designed as a private, nonprofit corporation – would fill the leadership void on patient safety in Missouri and oversee:

- **A voluntary statewide reporting program** that would allow the center to analyze errors and “near misses,” identify how institutions succeed in eliminating common problems and promote “best practices” among all Missouri healthcare organizations and professionals.
- **A consumer coalition** that would work to improve education materials and issue alerts on unsafe conditions. Reliable information is not readily available for patients to actively participate in their own treatment, help avoid errors and improve their outcomes, the commission concluded.
- **An education coalition** that would help the state’s six medical schools, 92 nursing schools and dozens of other health education programs develop modern patient safety curricula. Missouri does not include such training in required continuing education for physicians, nurses and other professionals. The commission’s report in particular stresses the need to upgrade the communications skills of professionals to avoid poor outcomes, errors and litigation not prompted by actual malpractice.

The center also could act as Missouri’s “patient safety organization” to operate a voluntary error reporting system under pending federal legislation.

Laiben said he and other commissioners – who served without compensation — have decided to continue working independently to form the center and secure funding. “By endorsing a private center, the commission chose the toughest path to follow, particularly in financing the organization. But we believe that a private center has the best chance to quickly mobilize Missouri’s healthcare community to, in essence, re-tool the way it approaches safety in medicine,” Laiben said. “We are looking to foundations and healthcare associations to help make this vision a reality for Missourians.”

### Steps the state can take to improve patient safety

Although the report focused on private action to reduce errors, it identifies steps for state government, including:

- Passing laws that will protect healthcare organizations and professionals from legal liability when they are reporting, analyzing and devising ways to prevent medical errors. Missouri law now provides protection when internal “peer review committees” consider discipline of physicians and many other professionals, but does not clearly do so when staff are considering unsafe facility conditions and systems. Providers consequently are discouraged from adopting the voluntary reporting and analysis endorsed by the report. “To be frank, many of our critical recommendations are dead in the water without better protections, particularly in the current legal environment,” Laiben said.

- Providing incentives in the Medicaid and state employee healthcare systems to reward healthcare organizations and professionals that adopt patient safety practices. As the largest purchase of healthcare services in Missouri, state government can lead the way for other employers and healthcare buying groups to use similar incentives. While healthcare facilities will incur substantial up-front costs for some patient safety improvements, patients and other groups will reap many of the financial benefits, and medical providers could even face reduced revenues by eliminating some errors.
- Encouraging medical malpractice insurers to provide discounts for healthcare providers that adopt patient safety practices.
- Beginning a state licensing program for outpatient facilities – such as diagnostic imaging, cardiac, gastrointestinal, endoscopy and dialysis centers – that perform sophisticated procedures once reserved for licensed hospitals.
- Improving oversight of professionals through legislative consideration of a lengthy list of deficiencies cited by state licensing boards.

The 16-member commission was drawn primarily from the healthcare community: seven physicians, including a health maintenance organization’s medical director; a hospital administrator; two hospital patient safety specialists; a nurse; two malpractice attorneys; a consumer; and officials from the state insurance and health/ senior services departments. Executive directors of state licensing boards for physicians, nurses and pharmacists served as ex officio members, and the insurance and health/senior services departments provided staff support.

Laiben serves as medical director of MissouriPRO, the state’s quality improvement organization for Medicare and its senior beneficiaries. Kathryn Nelson of Columbia — patient safety director for the University of Missouri-Columbia Health Care, its two hospitals and 59 clinics — was vice chairman.

The full commission report is available at the Missouri Department of Insurance Web site – [www.insurance.mo.gov](http://www.insurance.mo.gov) — along with the minutes of its meetings from October until June, presentations and testimony from state and national experts on patient safety and Internet resources.

### Members

Chairman Gregg Laiben, M.D., Kansas City, medical director, MissouriPRO

Vice-chairman Kathryn Nelson, Columbia, patient safety director, University of Missouri Health Care

Scott Lakin, Director, Missouri Department of Insurance

James Joseph Buchanan, D.O., Farmington, family practice physician

Thomas P. Cartmell, Kansas City, defense counsel, partner with Wagstaff and Cartmell, L.L. P., who specializes in malpractice litigation for insurers and healthcare organizations

Deborah Ann Jantsch, M.D., Kansas City, managing partner with Midwest Women’s Healthcare PC, and former president, Metropolitan Medical Society of Greater Kansas City

Susan M. Kendig, Ballwin, clinical assistant professor, University of Missouri-St. Louis College of Nursing and Health Studies

Nancy L. Kimmel, St. Louis, patient safety specialist, Missouri Baptist Medical Center, an affiliate of BJC Healthcare

Lois Kollmeyer, quality review specialist, Department of Health and Senior Services

Alan H. Morris, M.D., St. Louis, retired orthopedic surgeon  
Bea Roam, Lebanon, retired educator active with AARP and the Silver-Haired Legislature and a senior health insurance volunteer-counselor with the CLAIM program

William C. Schoenhard, St. Louis, executive vice president and chief operating officer, SSM Health Care

Stephen R. Smith, M.D., Ballwin, an anesthesiologist with Western Anesthesiology Associates and St. John’s Mercy Hospital,

Barry D. Spoon, D.O., Springfield, a member and former president of the Missouri Board of Registration for the Healing Arts affiliated with St. John’s Hospital system

James H. Utley, M.D., Kansas City, medical director for Coventry Health Care of Kansas Inc,

Kenneth Vuylsteke, St. Louis, a plaintiff’s attorney and chairman of the Missouri Association of Trial Attorney’s health law committee

### Ex officio members

Lori Scheidt, Executive Director, Missouri Board of Nursing

Tina Steinman, Executive Director, Missouri Board of Registration for the Healing Arts

Kevin Kinkade, Executive Director, Missouri Board of Pharmacy

NEW WEB SITE!

New Board Member Appointed

Authored by Becki Hamilton

Take a look at our new web site! We have updated the look, added an online change of address form, revamped the Practice FAQs so they are easier to research and we now update the licensee listing every night. In addition, we have even made the site name easier to remember! Just go to <http://pr.mo.gov> and select “Nurses, RN, LPN, Advanced Practice” under the “Regulated Professions” button.

Some of the other items of interest that continue to be on our web site are:

- Meeting Notices
- Nurse Practice Act (link to the online version or an order form for a bound copy)
- List of Board Members
- Various Forms
- FAQs
- Fees
- IV Therapy Programs
- Schools of Nursing
- Past Newsletters
- Annual Reports

If you have any suggestions for improving our web site, we would like to hear from you. In the bottom right hand corner of our home page is a link to an online survey. We encourage you to complete the survey and “tell us what you think, we will listen...”

We are pleased to announce the appointment of Amanda B. Skaggs, RNC, WHNP, to the Board of Nursing. She received her BSN from William Jewell College in 1996 and completed a MSN in women’s health from the University of Missouri-Kansas City in 2000. Amanda states, “I always knew that I wanted to work in health care and was intrigued by the science and pathophysiology of the human body. Nursing provided me with the perfect opportunity to learn the science of nursing yet develop that personal bond with patients, touching both their life and mine.”



Skaggs

Amanda has spent her nursing career providing care to women in a variety of settings. She began as a LDRP nurse at Truman Medical Center-Hospital Hill serving as a charge nurse and helping to teach childbirth education to new mothers. Working in this setting helped her to understand and have a greater appreciation for the cultural differences among patients. After becoming a nurse practitioner, Amanda began working as an infertility nurse coordinator and is currently at an Ob/Gyn office in Liberty, Missouri. She provides prenatal care and gynecological services to women of all ages.

Amanda resides in North Kansas City with her husband, Trent and daughter Ella. They are expecting another baby this fall. She is an active member in her church and enjoys educating women in her community on various health care topics.



# Investigations Corner - Nurse Imposters

Authored by Quinn Lewis  
Investigations, Administrator

State boards of nursing around the country have seen a rise in the number of individuals falsely representing themselves as nurses. These individuals falsify their credentials and they obtain employment as a nurse. Unfortunately there is a shortage of nurses, so employers sometimes fail to thoroughly check the credentials of a prospective nurse. Consequently, this enables those individuals who are unlicensed to obtain employment.

Nurse imposters are present in every state, not just Missouri. This is a challenge that all state boards of nursing face. Nurse imposters pose a significant threat to public safety. Patients are put at risk by these individuals performing procedures that they are not qualified to do. These individuals may be practicing in your hospitals, nursing homes or doctor's office. If you have knowledge of some-



Lewis

one who is practicing without a license, we encourage you to report this individual to the Board and your local law enforcement agency. Impersonation of a licensed professional is a class B misdemeanor in the State of Missouri.

Employers should do a careful inspection of a prospective employee's nursing credentials. Employers should keep an eye out for red flags that would indicate that further investigation may be appropriate. The following is a list of red flags that should signal further inquiry.

- Failure to provide a license. An individual provides several excuses why he/she can not provide the employer with his/ her actual license.
- Provides a copied or altered license. The individual will provide the employer a copy of his/her nursing license, not the original. When the licensee is pressed on the matter he/she continues to make excuses and does not provide his/her original certificate.
- Demonstration of competencies that are inconsistent with practice. Employers should pay attention to numerous errors and lack of judgement that would be considered basic nursing for someone with a certain level of education.

If an employer encounters some of the above situations, suspicion should be aroused. Of course, not every time you encounter one of these situations are you dealing with a nurse imposter. However, the information provided is intended to make you aware of indicators that would suggest further investigation may be necessary.



# Education Corner



Authored by Marilyn K. Nelson, MA, RN  
 Education Administrator

Missouri State Board of  
 Nursing Education Committee  
 Members:

Teri A. Murray, Ph.D., RN, Chair  
 Linda Conner, BSN, RN  
 Cynthia Suter, BS, JD  
 Janet Vanderpool, MSN, RN

**Scholarships**

Once again the Arthur L. Davis  
 Publishing Agency is offering  
 monies for scholarship awards. As  
 in the past two years, the Missouri  
 State Board of Nursing was desig-  
 nated by the company to determine the criteria and select  
 the recipient of the awards. One professional and one prac-  
 tical nursing student will be selected from the nominations  
 submitted to receive \$500.00 each. All programs of nursing  
 have been mailed information regarding the nomination  
 process. Nominations are due October 15, 2004 and the  
 recipients will be announced at the Board of Nursing meet-  
 ing held December 8-10, 2004.

**Complaints Regarding an Education Program**

Maybe it was pre-graduation jitters, the concern of  
 whether or not s/he is adequately prepared to take the licen-  
 sure examination, and/or the realization that s/he is soon to  
 leave school and will begin to “fly solo”. Maybe there was  
 a change in a policy or procedure or some adjustment made  
 necessary by unforeseen circumstances that was not fully  
 explained. Whatever the reason, an increased number of  
 calls were received by the education section of the Board  
 of Nursing this spring from students who expressed dissat-  
 isfaction with some aspect of the nursing program in which  
 each was enrolled.

The majority of the callers asked if a program is allowed  
 to do “such and such” or expressed concerns regarding  
 grading or the inconsistency of enforcing written policies  
 resulting in what was perceived as preferential treatment.  
 The caller was asked if s/he had attempted to resolve the  
 matter on an informal basis by talking with the faculty  
 involved or the administrator/director of the program. The  
 caller was also asked if s/he had followed the school’s or  
 program’s established complaint procedure. Other titles



Nelson

used for such a procedure are appeals, grievance, and due  
 process. Every nursing program is to have a procedure that  
 is in writing and students are to be informed of such upon  
 entry into the program. Generally, the procedure is printed  
 in the school’s catalog or a student handbook. The student  
 may submit a signed, written complaint to the Board of  
 Nursing. The letter must include documented evidence that  
 the program’s appeals/due process procedures were fol-  
 lowed and that the complainant remains dissatisfied with  
 the outcome. The nursing program is then contacted and  
 given an opportunity to respond and provide pertinent  
 information. The Education Committee reviews all the  
 information and makes a recommendation to the Missouri  
 State Board of Nursing to conduct a formal investigation  
 for possible further action, request additional information  
 without a formal investigation, take no further action if the  
 Minimum Standards were not violated, or impose discipli-  
 nary action. The complaint may be forwarded to the  
 Discipline committee if there is concern regarding the con-  
 duct of an individual nurse faculty.

The purpose of this article is not to generate complaints  
 but to inform and to emphasize the need for open commu-  
 nication to resolve disagreements. Upon review and talking  
 with the various parties involved, many circumstances  
 might have been avoided if changes in policies, curriculum,  
 etc. had been adequately explained and concerns discussed  
 early on. It’s recognized that even though one party may  
 think that a change or concern was adequately addressed,  
 the other party may not have received the full message so it  
 may be necessary to revisit the situation to ensure that all  
 are on the same page and of a like understanding.

The Minimum Standards for Approved Programs of  
 Professional and Practical Nursing are stated in broad terms

and allow individual programs latitude in implementing the  
 standards. Program faculty need to make sure that students  
 are informed of the various aspects of the program and stu-  
 dents need to assume responsibility for asking for clarifica-  
 tion. Most of the calls received by the Board of Nursing do  
 not result in the submission of written complaints. Perhaps  
 the caller just needed a sounding board. Hopefully, this  
 means that the caller was able to communicate with the  
 other party(ies) and resolve the issue(s) in question.

**Minimum Standards Task Force**

The task force assembled to revise the Minimum  
 Standards for Programs of Nursing has been meeting on a  
 regular basis. The names of the members of the Task Force  
 and the programs that each represent were published in the  
 May, June and July, 2004 Newsletter. Interested parties are  
 encouraged to contact the Board of Nursing office or a  
 member of the Task Force regarding concerns/suggestions  
 that they may have for possible revisions. The meetings are  
 open to the public. The Minimum Standards are found at 4  
 CSR 200-2.001 through 200-2.180 for professional nursing  
 programs and 4 CSR 200-3.001 through 200-3.180 for prac-  
 tical nursing programs in the Missouri Nursing Practice Act  
 and can be viewed at the Board of Nursing’s web-site.



# Practice Corner

Authored by
 [Lori Scheidt, Executive Director](#)

Missouri State Board of Nursing Practice Committee Members

David Barrow, LPN  
 Linda Conner BSN, RN  
 Robin Vogt PhD, RN, FNP-C  
 Amanda Skaggs, RNC, WHNP

Clarification - Board's position on RNs rupturing membranes under orders of an obstetrician

During the Board's March 2004 meeting, the Board reviewed a request for an opinion on RNs rupturing membranes under orders of an obstetrician.

The Board made the decision that artificial rupture of membranes is not within the scope of practice of an RN but it does not preclude artificial rupture of a membrane by an APRN if that authority is delegated in the collaborative practice agreement between the APRN and the physician and it is consistent with each professional's skill, training, education and competence.

Based on comments received from nursing experts, the Board revisited this issue during their June 2004 meeting. The Board further clarified their decision with the following statement. The Missouri State Board of Nursing recognizes that the situation may arise where an amniotomy is considered urgent to place fetal electrodes when the fetal well-being is in question or sometimes an amniotomy occurs when you try to place fetal electrodes. The Board believes RNs may artificially rupture membranes in emergency situations.

Stay tuned! This issue will be revisited at the Board's September 2004 meeting.



Scheidt

Delegation

The National Council of State Boards of Nursing has several documents regarding delegation. You can access the documents from their web site at [www.ncsbn.org](http://www.ncsbn.org). Go to Nursing Regulation and then Delegation and UAP. Two of these documents are being reprinted here with permission from the National Council of State Boards of Nursing.

Delegation Decision-making Tree

The Delegation Decision-making Tree was another tool developed to assist nurses in making delegation decisions. Licensed nurses have ultimate accountability for the management and provision of nursing care, including all delegation decisions.

To use the Delegation Decision-making Tree, start with a specific client, care-giver and nursing activity. Beginning at the top of the tree, ask each question as presented in the box. If you answer "no" to the question, follow the instructions listed to the right of the box and arrow. If you answer "yes," proceed to the next box. If you answer "yes" for any questions, the task is delegable.

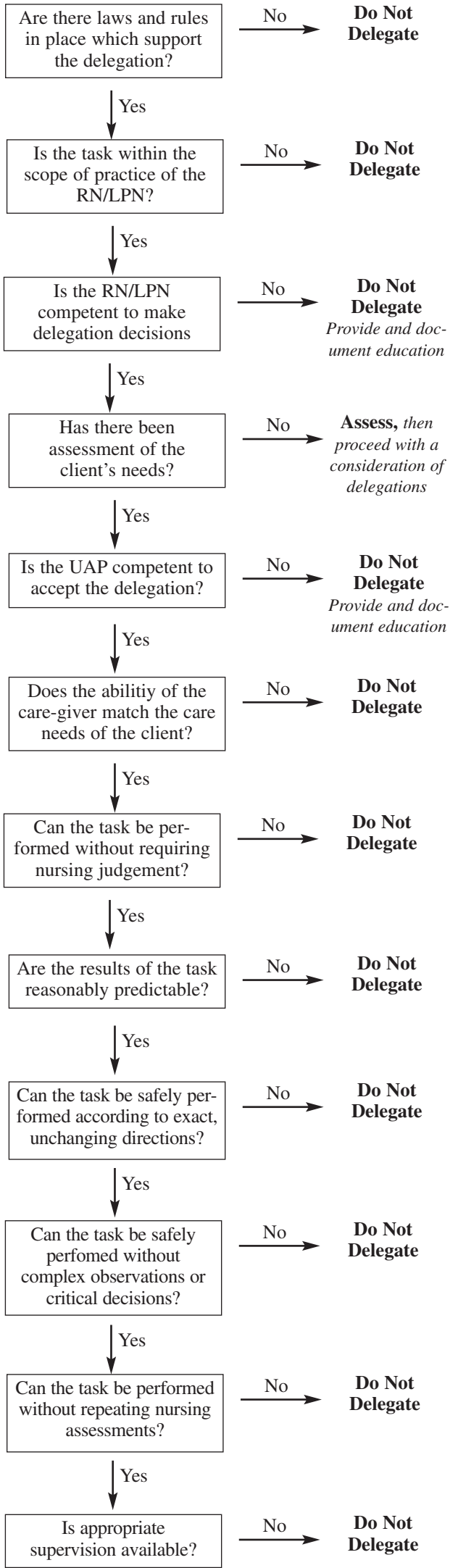
The grid can be used:

- For nurses making delegation decisions.
- For staff education regarding delegation.
- For orientation of new staff, both nurse and UAP.
- For nursing education programs providing basic managerial skills for students.
- For nursing continuing education.
- For Member Boards responding to questions about delegation (Boards may consider including this tool as part of a delegation information packet).
- For orientation of new board members and attorneys.
- For Member Board workshops and presentations regarding delegation issues.
- For evaluation of discipline complaints involving concerns regarding delegation.

The Delegation Decision-making Tree was adapted from a similar tool previously developed by the Ohio Board of Nursing.

Delegation Decision-making Tree

Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing



Note: Authority to delegate varies, so licensed nurses must check the jurisdiction's statutes and regulations. RNs may need to delegate to the LPN the authority to delegate to the UAP.



Practice Corner cont. from pg. 8

**The Five Rights of Delegation**

All decisions related to delegation of nursing activities must be based upon the fundamental principle of public protection. Licensed nurses have ultimate accountability for the management and provision of nursing care, including all delegation decisions. However, seldom is a single nurse accountable for all aspects of the delegation decision-making process, its implementation, supervision, and evaluation.

The Five Rights of Delegation, identified in Delegation: Concepts and Decision-making Process (National Council, 1995), can be used as a mental checklist to assist nurses from multiple roles to clarify the critical elements of the decision-making process. Nursing service administrators (all levels of executive/management nurses) and staff nurses each have accountability in assuring that the delegation process is implemented safely and effectively to produce positive health outcomes.

Nursing service administrators (NSA) and staff nurses must work together collaboratively and cooperatively to protect the public and maintain the integrity of the nursing care delivery system. The following principles delineate accountability for nurses at all levels from NSA to staff nurses.

Right Task	
Nursing Service Administrator (NSA)	Staff Nurse
Appropriate activities for consideration in delegation decisions are identified in UAP job descriptions/role delineation.	Appropriate delegation activities are identified for specific client(s).
Organizational policies, procedures and standards describe expectations of and limits to activities.	Appropriate activities are identified for specific UAP.

- Generally, appropriate activities for consideration in delegation decision-making include those:
1. which frequently reoccur in the daily care of a client or group of clients;
  2. which do not require the UAP to exercise nursing judgment;
  3. which do not require complex and/or multi-dimensional application of the nursing process;
  4. for which the results are predictable and the potential risk is minimal; and
  5. which utilize a standard and unchanging procedure.

Right Circumstances	
Nursing Service Administrator (NSA)	Staff Nurse
Assess the health status of the client community, analyze the data and identify collective nursing care needs, priorities, and necessary resources.	Assess health status of individual client(s), analyze the data and identify client specific goals and nursing care needs.
Provide appropriate staffing and skill mix, identify clear lines of authority and reporting, and provide sufficient equipment and supplies to meet the collective nursing care needs.	Match the complexity of the activity with the UAP competency and with the level of supervision available.
Provide appropriate preparation in management techniques to deliver and delegate care.	Provide for appropriate monitoring and guiding for the combination of client, activity and personnel.

Right Person	
Nursing Service Administrator (NSA)	Staff Nurse
Establish organizational standards consistent with applicable law and rules which identify educational and training requirements and competency measurements of nurses and UAP.	Instruct and/or assess, verify and identify the UAP’s competency on an individual and client specific basis.
Incorporate competence standards into institutional policies; assess nurse and UAP performance; perform evaluations based upon standards; and take steps to remedy failure to meet standards, including reporting nurses who fail to meet standards to board of nursing.	Implement own professional development activities based on assessed needs; assess UAP performance; perform evaluations of UAP based upon standards; and take steps to remedy failure to meet standards.

Right Direction/Communication	
Nursing Service Administrator (NSA)	Staff Nurse
Communicate acceptable activities, UAP competencies and qualifications, and the supervision plan through a description of a nursing service delivery model, standards of care, role descriptions and policies/procedures.	Communicate delegation decision on a client specific and UAP-specific basis. The detail and method (oral and/or written) vary with the specific circumstances.
	Situation specific communication includes: <ul style="list-style-type: none"><li>• specific data to be collected and method and timelines for reporting,</li><li>• specific activities to be performed and any client specific instruction and limitation, and</li><li>• the expected results or potential complications and time lines for communicating such information.</li></ul>

**Right Supervision/Evaluation**

Supervision may be provided by the delegating licensed nurse or by other licensed nurses designated by nursing service administrators or the delegating nurse. The supervising nurse must know the expected method of supervision (direct or indirect), the competencies and qualifications of UAP, the nature of the activities which have been delegated, and the stability/predictability of client condition.

Nursing Service Administrator (NSA)	Staff Nurse
Assure adequate human resources, including sufficient time, to provide for sufficient supervision to assure that nursing care is adequate and meets the needs of the client.	Supervise performance of specific nursing activities or assign supervision to other licensed nurses.
Identify the licensed nurses responsible to provide supervision by position, title, role delineation.	Provide directions and clear expectations of how the activity is to be performed: <ul style="list-style-type: none"><li>• monitor performance,</li><li>• obtain and provide feedback,</li><li>• intervene if necessary, and</li><li>• ensure proper documentation.</li></ul>
Evaluate outcomes of client community and use information to develop quality assurance and to contribute to risk management plans.	Evaluate the entire delegation process: <ul style="list-style-type: none"><li>• evaluate the client, and</li><li>• evaluate the performance of the activity.</li></ul>

# Discipline Corner - “Can She/He Still Practice Nursing?”

Authored by Liz Cardwell, M.Ed, RN

Missouri State Board of Nursing Discipline Committee Members:

- Charlotte York, LPN, Chair
- Janet Vanderpool, MSN, RN
- Linda Conner, BSN, RN
- David Barrow, LPN
- Cindy Suter, JD
- Amanda Skaggs, RNC, WHNP



Cardwell

License verification inquirers often ask whether or not the licensee can practice nursing after the caller has been informed that the nurses’ license is current and active and that the individual had/has a censure or probation on his/her nursing license. Because this question occurs more than occasionally, I am writing this article to provide clarification and assistance to the reader in understanding how discipline may or may not effect the disciplined licensee’s nursing practice. To develop an understanding, it is essential that the reader be knowledgeable about the different types of disciplinary action that can be taken by the Board.

The Board can discipline the license of a nurse by censure, probation, suspension or revocation. When the decision is to suspend a nursing license, the period of suspension is most often followed by a period of probation. Disciplinary Agreements, Board Orders, or Joint Stipulations, which resulted in the discipline of a license, is public information. Additionally, past disciplinary action taken on nurses’ licenses continues to be public information indefinitely.

The least restrictive discipline that may be administered is censure. Censure is a single disciplinary action declared in a legal document that identifies the facts of the unacceptable activity (violation of the Nursing Practice Act) and declares the license as censured. Even though the nurse is not monitored or required to meet certain requirements as in probation and/or suspension, this action remains in the licensee’s file permanently as does all other disciplinary action information.

The second level of discipline is probation. Probation is a period of time, determined by the Board of Nursing, wherein there are specific requirements listed that the licensee must comply with. The requirements are correlated with the behaviors that resulted in disciplinary action so that the nurse can address those behaviors/actions and make appropriate changes during the disciplinary period. Disciplinary action is designed to protect the public from a re-occurrence of the activities that resulted in discipline.

The Nursing Practice Act states the probationary period is not to exceed five years. During the period of probation, there are specific requirements with which the licensee must comply. The requirements of probation may include submission of one or more of the following documents: employer evaluations; documentation from the chemical dependency or mental health professional; support group attendance record; probation/parole officer compliance

reports; urine drug screen results; and/or continuing education hours. The licensee will also be required to meet with the Board or a member of the Board’s professional staff.

Employment restrictions may also be placed on the licensee’s employment as a nurse during the disciplinary period. The employee restrictions may be one or more of the following: to not carry narcotic keys; to not administer controlled substances; to not have access to a dispensing device which contains controlled substances; to not work nights or evenings; having on site supervision by another nurse or physician; and/or to not be employed by a home health agency, temporary agency, or by a durable medical equipment company.

The third level of discipline is suspension, which is a period of time in which the nurse may not practice nursing and must return all evidence of licensure to the Board office for that period. The Nursing Practice Act restricts the period of suspension to three years or less. During a period of suspension, a nurse cannot practice nursing and will be responsible for meeting the monitoring requirement(s) addressed in the previous two paragraphs. Suspension is generally followed by a period of probation.

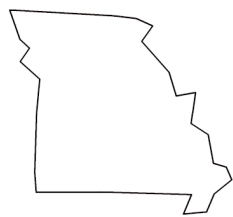
Revocation is the fourth and most severe of disciplinary actions. Revocation removes the license and therefore the ability to practice nursing from the nurse. Individuals may not apply for re- licensure until a year has elapsed after the effective date of the revocation. This individual must begin with licensure application, which may include taking the licensure examination.

It is evident that a nurse whose license is revoked or suspended **cannot practice** nursing. A nurse whose license is on probation **can practice** nursing even though there may be practice restrictions with which the nurse **must** comply. Censure of a nurse’s license **does not effect** their ability to practice.

After reviewing what is entailed by each type of disciplinary action, you, the reader as a potential employer, can now understand the following: a nurse with a current and active license who has been censured can practice nursing; and a nurse who is on probation can practice nursing, keeping in mind that the individual may have a restriction(s) as a condition of probation and must abide by those restrictions.







# Licensure Corner

Authored by Kathy Tucker  
Licensing Supervisor

Licensing Supervisor Missouri State Board of Nursing Licensure Committee Members:  
Kay Thurston, ADN, RN, Chair  
Robin Vogt, PhD, RN, FNP-C  
Charlotte York, LPN  
Teri A Murray, PhD, RN

**LPN LICENSES EXPIRED 5/31/04**

Unless you have renewed your LPN license during the past renewal phase, your Missouri LPN license is now expired and you must cease practicing in a LPN capacity until your license is renewed. To renew, you must now contact the Board office and request a LPN Petition to Renew. In addition to completing the LPN Petition and submitting the \$72.00 renewal fee, there will also be a penalty fee of \$50.00 imposed. You may request this Petition for Renewal by contacting the Board office at (573) 751-0681.

LPNs Active as of 5/31/2006: 20,251  
LPNs Inactive as of 5/31/04: 1,377  
LPNs Lapsed (Did not renew): 2,393

**REPEAT EXAMINATION POLICY**

The Board has chosen to accept the National Council of State Boards of Nursing’s new policy of reducing the minimum interval of days between repeat NCLEX examinations from 90 to 45 days. Effective January 1, 2004 a candidate who has applied with the Board will be permitted to



Tucker

take the NCLEX Examination eight times a year, but no more than once in any 45-day period.

**LICENSE RENEWAL FOR DEPLOYED MILITARY PERSONNEL**

State statute 41.950 states:

“1. Any resident of this state who is a member of the national guard or of any reserve component of the armed forces of the United States or who is a member of the United States Army, the United States Navy, the United States Air Force, the United States Marine Corps, the United States Coast Guard or an officer of the United States Public Health Service detailed by proper authority for duty with any branch of the United States armed forces described in this section and who is engaged in the performance of active duty in the military service of the United States in a military conflict in which reserve components have been called to active duty under the authority of 10 U.S.C. 672(d) or 10 U.S.C. 673b or any such subsequent call or order by the President or Congress for any period of thirty days or more shall be relieved from certain provisions of state law, as follows:

(4) Any person enrolled by the supreme court of Missouri or licensed, registered or certified under chapter 168, 256, 289, 317, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 375, 640 or 644, RSMo, whose license, registration or certification expires while performing such military service, may renew such license, registration or certification within sixty days of completing such military service without penalty;”

A nurse is licensed under chapter 335. If a nurse does

not renew his/her license due to deployment, the nurse may renew his/her license without penalty if the license is renewed within sixty days of completing military service. When the nurse returns from military service, we ask that the nurse provide evidence of their service (including dates) for verification that they meet this exemption.

**WHAT IS PUBLIC INFORMATION?**

In accordance with Section 620.010.14(7), RSMo, the **only** information regarding an applicant/licensee that is public includes:

- Name (including maiden name and previous names);
- Address;
- License type, license number, dates of issuance and expiration date;
- License status (i.e. current, inactive, lapsed, surrendered or no license issued);
- License certifications and dates (e.g. IV Certified); and
- Disciplinary action taken against a license (i.e. censure, probation, suspension, revocation).

The above is the only information that may be released to the public, including family members, employers and the media.

**Confidential information in an applicant/licensee’s file may only be released under the following circumstances:**

- With the written authorization of the applicant/licensee;
- Through the course of voluntary interstate exchange of information with other boards of nursing;
- Pursuant to a court order; or
- To other administrative or law enforcement agencies acting within the scope of their statutory authority.

*Licensure cont. on pg. 13*

Licensure cont. from pg. 12

Occasionally, a caller might want to verify a licensee/applicant’s date of birth or social security number. A licensee or applicant’s date of birth and/or social security number is not public information and therefore cannot be verified by our office unless we are provided with a signed release from the licensee/applicant.

MISSOURI NURSING PRACTICE ACT AVAILABLE ONLINE

You may view the Missouri Nursing Practice Act (Statutes) from our web site at [pr.mo.gov](http://pr.mo.gov).

COMMONLY ASKED LICENSURE QUESTIONS  
Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?

Contact the Division of Aging at (573) 526-5686.  
Where do I call to verify an Emergency Medical Technician (EMT)?

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

What is the process for the Board to endorse my license to another state?

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at [http://www.ncsbn.org/public/regulation/boards\\_of\\_nursing\\_board.htm](http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm). At the time you apply for licensure in another state, that Board will give you a Nurses verification or you can download the form from <http://www.ncsbn.org/public/regulation/res/verification.pdf>. Complete your part of the form and send it to the address indicated on the form with a **\$30 money order**.

VERIFICATION OF A LICENSE

You can verify licenses on-line at [pr.mo.gov](http://pr.mo.gov) Click on LICENSEE SEARCH. You can search by name or license number. The search results will display the licensee’s name, city, state, license number, original license issue date and license expiration date and whether there is any discipline currently on the license.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back to you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse’s name and license number. E-mail the list to [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov).

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number

or a 10-digit number, which consists of the year the license was issued followed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)
- On-Line Licensee Search at [pr.mo.gov](http://pr.mo.gov)

Graduate Nurse Practice



THE RULE

State Regulation 4 CSR 200-4.020 (3) reads: “A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs.”

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an **Authorization to Release Confidential Information** form so we may provide you with periodic updates on the person’s exam and licensure information. A sample authorization form is included with this article.

AFTER THE EXAMINATION

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a “pass” letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

ABOUT ORIENTATION

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

PROPER SUPERVISION

According to 4 CSR 200-5.010 (1), proper supervision is defined as, “the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation.”

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, \_\_\_\_\_, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, \_\_\_\_\_, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant’s Signature

\_\_\_\_\_

Applicant’s Printed Name

\_\_\_\_\_

Applicant’s Social Security Number

*Fax to the Missouri State Board of Nursing at (573) 751-6745*







# NCSBN Selects First Three Countries to Offer NCLEX® Abroad

Chicago, IL - The National Council of State Boards of Nursing (NCSBN) at [www.ncsbn.org](http://www.ncsbn.org) has selected the first three countries for purposes of offering the NCLEX® examinations abroad for domestic nurse licensure purposes. NCSBN’s Board of Directors affirmed the decision at its May meeting upon recommendation from the NCSBN Examination Committee. NCLEX testing is expected to begin January 2005 in Seoul, South Korea; London, England; and Hong Kong.

“These are the initial countries where testing will begin,” stressed NCSBN Director of Testing Services, Dr. Casey Marks. He added that, “The Examination Committee was faced with difficult choices in order to choose the first locations. If the initiative proceeds as well as expected, additional countries will be added when warranted.”

“NCSBN utilized rigorous selection criteria in making this decision on what countries to pilot the initiative,” said Kathy Apple, NCSBN Executive Director. She added, “I feel the Examination Committee and Board made excellent initial choices.”

That selection criterion included security and geographic representation outside of the current member board of nursing locations. The countries selected were highly rated against this criterion. Additionally, Pearson VUE, NCSBN’s contracted partner in delivering the NCLEX, concurs with the initial selection of countries. Pearson VUE believes it can implement testing in the three initial countries according to the timeline and criteria. Pearson VUE ([www.pearson-vue.com](http://www.pearson-vue.com)) is the electronic testing business of Pearson Education, the world’s largest education company, which in turn is part of Pearson (NYSE: PSO; LSE: PSON), the international media company. Pearson’s primary operations also include the Financial Times Group and the Penguin Group.

International administration of the NCLEX will not contradict or circumvent any current board of nursing process or requirement. Candidate examination fees for international NCLEX administrations have not been determined, but the fees will represent an increased value to the candidate by substantially reducing the costs associated with travel to another country to test. Current state and territorial NCLEX examination fees will not be raised to subsidize the international testing initiative

President Donna Dorsey summarized by saying, “NCSBN intends to pilot this initiative by offering the NCLEX abroad so nurses potentially interested in becoming a licensed nurse in the U.S. can minimally travel to have a chance at passing NCLEX.” Dorsey went on to add that NCSBN is responsive to the global community in which health care is increasingly being delivered in and wants to be progressive regarding the issues surrounding the mobility of nurses without compromising public protection for U.S. patients.

NCSBN may remove or add any international testing locations, if any situations warrant that action. Additionally, this initiative is predicated on fully implementing all security policies and procedures currently used to administer the NCLEX examination domestically, at these international locations. Media inquiries can be directed to above-referenced contact, while non-media inquiries may be directed to the NCLEX information line at 1.866.293.9600 or [nclexinfo@ncsbn.org](mailto:nclexinfo@ncsbn.org).

*The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection. “Building Regulatory Expertise Worldwide”*

# Summary of Actions - June 2004 Board Meeting

## Administrative Matters

- New Board Member, Amanda Skaggs, RNC, WHNP was welcomed to the Board.
- A new Mission Statement was approved: *The Mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.*

## Education Matters

### Student Enrollment Increases

- *Cass Career Center, PN Program #17-129* – request to increase student enrollment from 24 to 32 students was approved.
- *Central Missouri State University, BSN Program #17-573* – request for increase in student enrollment from 30 to 40 students was approved.

### Curriculum Changes

Texas County Technical, PN Program #17-135 – The request for curriculum changes was approved.

### Proposals for New Programs/Tracks

- *National American University* – granted initial approval status for the proposed program contingent upon the Board receiving the results of a site visit and additional information
- *Penn Valley* – granted approval for a LPN to ADN track to be offered on an evening and weekend schedule beginning January 2005
- *St. Charles Community College* – granted approval for request to develop and pilot an IV Therapy Course in which the didactic portion of the class would be on-line and the laboratory and clinical instruction would be conducted in the traditional manner.

### The following items were reviewed and accepted:

- IV Therapy Course Providers Annual Reports

## Discipline Matters

- The Board held 6 disciplinary hearings and 7 violation hearings.
- The Discipline Committee reviewed 93 RN cases, 60 PN cases, 4 Litigation items and 30 disciplined licensee-meeting reports.

## Licensure Matters

The Licensure Committee reviewed 18 applications. Results of reviews as follows:

- Applications approved – 5
- Applications approved with probated licenses – 5
- Applications denied – 3
- Request for test accommodations – 2
- Approved with letter of Concern – 1
- Tabled for Additional Information - 2

## Practice Matters

Clarification of Board Opinion on RNs rupturing membranes under the orders of an obstetrician – The Board made the decision in March 2004 that artificial rupture of membranes is not within the scope of practice of an RN but it does not preclude artificial rupture of a membrane by an APRN if that authority is delegated in the collaborative agreement between the APRN and the physician and it is consistent with each professional’s skill, training, education and competence. The Board further clarified their decision at the June Board meeting with the following statement: *The Missouri State Board of Nursing recognizes that the situation may arise where an amniotomy is considered urgent to place fetal electrodes when the fetal well-being is in question or sometimes an amniotomy occurs when you try to place fetal electrodes. The Board believe RNs may artificially rupture membranes in emergency situations.*



DISCIPLINARY ACTIONS\*\*

*Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.*

*\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.*

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Censured License
<b>Elvis Kiplagat Birgen</b> Kansas City, MO	<b>PN2004008045</b>	<b>Section 335.066.1 and .2(2), RSMo 2000</b> On 2/19/99, Licensee pled guilty to DWI.	3/22/2004 to 3/22/2006
<b>Lacretia Deleyette May</b> Kansas City, MO	<b>PN2004015772</b>	<b>Section 335.066.1 and 2(2), RSMo 2000</b> In 1989, July 1993, and the summer of 1997, Licensee pled guilty to shoplifting. On 10/15/99, Licensee pled no contest to one count of shoplifting.	6/1/2004 to 6/1/2005
<b>Ophelia A. Ransom</b> Belleville, IL	<b>RN2004010054</b>	<b>Section 335.066.1 and 2(2), RSMo 2000</b> On 9/30/99, Licensee pled guilty to four counts of forgery: altering a writing, a class C felony. On 8/29/02, Licensee’s probation was extended two (2) additional years for failure to pay restitution as ordered by the Court. On 4/13/00, Licensee pled guilty to one count of forgery.	4/12/2004 to 4/12/2007

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
Anita Bowen Saint Charles, MO	RN150629	Section 335.066.2(5), (6), and (12), RSMo 2000 From 10/1/99 through 4/28/03, Licensee practiced as an advanced practice nurse without recognition from the Missouri State Board of Nursing.	Censure 5/14/2004
Joyce A. Cox Trenton, MO	PN048524	Section 335.066.2(5) and (12), RSMo 2000 On 8/14/03, Licensee misappropriated one 20mg tablet of Paxil from her employer, which she consumed while on duty.	Censure 5/14/2004
Michelle L. Reynolds Saint Charles, MO	RN117069	Section 621.045.3, RSMo 2000 On 12/7/01, after assuming the care of several pediatric patients, Licensee requested an IV bolus to be administered to her while she was on duty. At some point during Licensee’s shift, a fellow employee withdrew a 500-cc bag of fluids from the Hospital’s medication supply area and administered it, without a physician’s order and without consultation with a physician, to Licensee via IV bolus.	Censure 4/17/2004
Ramelle G. Ward Saint Louis, MO	PN056052	Section 335.066.2(5) and (12), RSMo 2000 On 4/17/03, Licensee was scheduled to work a 12-hour shift. At approximately 6:30 p.m., Licensee accepted report and assumed her duties. On 4/18/03, at approximately 4:20 a.m., Licensee left the facility without permission, without proper notification to the nurse supervisor and without transferring the care of her patients to another licensed staff member.	Censure 5/11/2004
Stephen A. Weis Florissant, MO	RN128129/ PN046526	Section 335.066.2(5) and (12), RSMo 2000 On 3/26/03, Licensee was terminated from the emergency room of a psychiatric center for repeated deficiencies in performance beginning in 10/2000: failed to monitor medication and physician order sheet; failed to perform a accucheck; failed to supervise an employee adequately; allowed a suspicious and fearful patient to leave; failed to count medications; five additional deficiencies occurred between 9/5/02 to 3/3/03.	Censure 5/11/2004
Shannon Renee Wright West Plains, MO	RN2001019827	Section 335.066.2(1) and (14), RSMo 2000 On 12/5/02, Licensee submitted to a urine drug screen which tested positive for marijuana.	Censure 4/13/2004





PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Cynthia K. Acklin West Plains, MO	RN139723	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 2/10/03, while on duty, Licensee misappropriated 75 mg. of Demerol for her personal consumption.	4/2/2004 to 4/2/2006
Trudi K. Almond Columbia, MO	PN2000168512	<b>Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000</b> On 10/7/02, Licensee entered an Alford plea to second-degree burglary.	5/6/2004 to 5/6/2007
Susan A. Boyer Desloge, MO	PN046157	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 3/14/02, Licensee submitted to a urine drug screen, which tested positive for marijuana.	4/24/2004 to 4/24/2005
Lawrence P. Branam Florissant, MO	RN120894	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> During the summer of 2002, Licensee called in at least eight fraudulent prescriptions for drugs containing hydrocodone, using names and addresses of patients he cared for from his employer. Licensee misappropriated the hydrocodone for his personal use and consumption.	4/2/2004 to 4/2/2006
Cathy J. Browning Neosho, MO	RN075478	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 1/5/01, Licensee consumed two of her patient’s Nitroglycerin tablets. On 1/6/01, Licensee consumed a muscle relaxant and some sleeping medication. Licensee also consumed MS Contin pills from an expired prescription along with some Benadryl. On 1/5-6/01, Licensee submitted to a drug screen which tested positive for opiates.	5/6/2004 to 5/6/2007
Connie D. Cancel Mount Vernon, MO	PN055116	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of her agreement by not submitting required documentation. On 2/6/03, Licensee submitted to a drug screen which tested positive for the presence of Marijuana.	5/6/2004 to 5/6/2007
Linda L. Craig Columbia, MO	PN055607	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 3/31/03, Licensee was found sleeping on duty. On 3/31/03, Licensee had charted the administration of medication that had not actually been administered.	5/1/2004 to 5/1/2005
Lily A. Cummings Kansas City, KS	PN014134	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 5/26/03 at 11:15 a.m., Licensee requested the physician to assess a resident but failed to communicate the urgency of the resident’s situation. At 1 p.m., Licensee then failed to notify the physician of the resident’s change of condition. At 5:30 p.m. Licensee did not notify the physician of the resident’s continuing changing condition. At 7:30 p.m., Licensee failed to notify the physician of the resident’s dropping blood pressure and oxygen saturation. At 9:30 p.m., the resident was unresponsive, Licensee did not call 911 but called the resident’s niece and sister. Licensee did not notify the resident’s physician until 11:05 p.m., the resident was found cold to the touch with fixed pupils at 11:20 p.m.	4/24/2004 to 4/24/2006
Jeffrey S. Davis East Prairie, MO	RN126552	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of his disciplinary agreement by not submitting required documentation. On 7/16/02, Licensee submitted to a drug screen which tested positive for the presence of marijuana.	5/20/2004 to 5/20/2009
Cynthia Louise Glover Mansfield, MO	RN2003007067	<b>Section 335/066.2(1), (5), and (12), RSMo 2000</b> On 2/13/02, 2/17/03, 2/18/03, and 2/21/03, Licensee reported to work with the smell of alcohol on her breath.	4/3/2004 to 4/3/2007
Robyn K Goodrich St Peters, MO	RN115030	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 2/8/03, Licensee possessed and consumed Demerol and Oxycontin. On 2/10/03, Licensee possessed and consumed meperidine, Benzodiazepines and Marijuana.	6/4/2004 to 6/4/2009
Stacy Jean Gutshall Liberty, MO	RN152345/ PN048584	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 12/12/02, Licensee withdrew 10 mg. of Morphine for patient G. who had an order for 5 mg. Licensee went into the bathroom, drew up 5 mg. for administration to the patient and self-injected 3 mg. of Morphine. Licensee then drew up 3 mg. of Saline which she injected into the Morphine vial. Licensee administered the 5 mg. of Morphine to the patient and documented wasting the remaining diluted Morphine.	4/24/2004 to 4/24/2009
Elizabeth A. Harkness Jacksonville, MO	RN126916	<b>Section 335.066.2 (1), (2), (5), (12), and (14), RSMo 2000</b> On 11/23/02, Licensee self-reported that in the spring of 2002, she became dependent on Vicodin, which had been properly prescribed for back pain. Licensee began taking increasing amounts of Vicodin in an effort to cope with stress related to work and family life. On two separate occasions in 7/02, Licensee stole approximately 15 tablets of Vicodin from a co-worker’s purse for her personal consumption. On one occasion, an employee’s security camera filmed Licensee removing Vicodin tablets from the co-worker’s purse. On 11/5/02, Licensee pled guilty to theft/stealing, a class A misdemeanor.	4/24/2004 to 4/24/2007

Probation cont. from pg. 18

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Nina J. Harris Spanish Lake, MO	RN147448	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 5/29/03, the chart review indicated that Licensee was routinely medicating patients with pain narcotics, and either failed to chart that the patient was experiencing pain or Licensee charted that the patients were not having any pain. The chart review also indicated that Licensee was routinely medicating patients with sleeping pills, but failed to document that any of the patients requested a sleeping pill.	5/1/2004 to 5/1/2005
Misty Dawn Hawkins Park Hills, MO	RN2002019949	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> In 10/02, Licensee self-reported to her employer her addiction to hydrocodone, oxycontin, and Darvocet. On 11/1/02, while on duty, Licensee submitted to a urine drug screen which tested positive for a controlled substance. On 10/17/03, while on duty, Licensee took 11 Duragesic Fentanyl transdermal patches.	4/17/2004 to 4/17/2009
Stacy L. Haynes Poplar Bluff, MO	PN058247	<b>Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000</b> On 11/4/02, Licensee pled guilty to possession of ephedrine with the intent to manufacture methamphetamine.	5/6/2004 to 5/6/2009
Melanie R. Hill St Louis, MO	RN122562	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> In 12/02 and continuing through 6/03, Licensee misappropriated Demerol from her employer for her personal consumption.	5/1/2004 to 5/1/2008
Cherri Jennings Springfield, MO	RN138369	<b>Section 335.066.2(1), (5), and (12), RSMo 2000</b> On 10/31/02, Licensee misappropriated 10 unused syringes and medications bearing the name of another patient from her employer for her personal use and consumption.	4/29/2004 to 4/29/2006
Randall K. Jordan Phillipsburg, MO	RN2004011120	<b>Section 335.066.1 and 2(1), (5), (12), and (14), RSMo 1994</b> Beginning on 3/13/97 through 11/20/97, Licensee, while employed at a hospital, misappropriated Demerol on an ongoing basis for his personal use and consumption.	4/22/2004 to 4/22/2009
Johanna C. Kastendieck Richmond, MO	PN042471	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 11/6/02, Licensee wrote a false prescription for Percocet for her husband, the prescription bore the forged signature of the physician. On 11/13/02, Licensee wrote a false prescription for her husband which bore the forged signature of the physician. After dropping the prescription off at a pharmacy, Licensee called the pharmacy and verified that she was with the physician's office and the prescription was valid.	4/24/2004 to 4/24/2007
Dorothy L. Killian Williamsville, MO	PN056073	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 9/14/00, Licensee was attempting to administer medication to a resident. The resident would not take the medication and spit them out. Licensee slapped the resident's face and called the resident "idiot".	5/20/2004 to 5/20/2005
Christina J. Licklider Shelbyville, MO	RN115148	<b>Section 335.066.2(2), RSMo 2000</b> On 6/10/96, 7/8/96, and 8/3/01, Licensee pled guilty to DWI.	5/1/2004 to 5/1/2007
Kevin D. Long Ballwin, MO	PN052575	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> From 12/02 to 1/27/03, Licensee admitted to misappropriating Demerol for his personal consumption.	5/20/2004 to 5/20/2006
Ozembia B. Maddex Bunceton, MO	PN052928	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of her disciplinary agreement by not attending the required meeting and by not submitting required documentation. On 3/19/03, Licensee submitted to a drug screen which tested positive for the presence of Marijuana.	5/6/2004 to 5/6/2009
Nancyne L. Merrigan Maryville, MO	PN050553	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 8/20/03, Licensee was found sleeping in a patients room.	6/10/2004 to 6/10/2005
Bridget E. Moit Troy, MO	RN156025/ PN044228	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> Between 2/1/03 and 2/28/03, Licensee misappropriated doses of Morphine, Darvocet, Vicoden, Demerol, Percocet and Tylenol#3. On 3/4/03, Licensee submitted to a urine drug screen which was positive for Marijuana and Opiates. On 6/26/03, Licensee misappropriated Vistaril.	4/12/2004 to 4/12/2007
Paula R. Nickels Versailles, MO	PN042391	<b>Section 335.066.2(1) and (14), RSMo 2000</b> On 4/18/03, Licensee voluntarily submitted to a post-offer, pre-employment drug screen, as part of the after-hire process, which tested positive for marijuana.	5/14/2004 to 5/14/2005
Zadock Onkoba Saint Joseph, MO	PN2001009419	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 9/4/02, Licensee drew blood from a patient but did not use the dialysis shunt which was already in the patient's arm. Licensee placed a pressure cuff on a bag of saline solutions and infused it rapidly.	5/8/2004 to 5/8/2006

Probation cont. on pg. 20

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Probation cont. from pg. 19

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Helen D. Ross Saint Ann, MO	RN148779	<b>Section 621.100, RSMo 2000 and Section 335.066.3, RSMo 2000</b> On 9/4/01, Licensee submitted to a drug screen, as part of the after-hire process, which tested positive for Benzoylconine (cocaine).	5/6/2004 to 5/6/2007
Leslie W. Schroeder Raytown, MO	PN031286	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 4/26/03, Licensee charted a patient’s blood glucose level as 148 when in fact the patient’s blood glucose level was 168, which necessitated administration of insulin per a sliding scale order. On the patient’s diabetic flow sheet, Licensee charted the number 148, instead of the patient’s actual blood glucose level of 168. Licensee failed to administer insulin to the patient per physician’s orders.	3/27/2004 to 3/27/2005
Catherine M. Smith Lee’s Summit, MO	RN079841	<b>Section 335.066.2(1), (5), (12), and (14) RSMo 2000</b> On 10/23/02, Licensee signed out a 10 mg tubex of Morphine. The physician authorized 2 mg of Morphine to the patient. Licensee did not waste the remaining 8 mg, but misappropriated the Morphine for her personal use and consumption. On 10/23/02, Licensee signed out 100 mg of Demerol for a patient that had been discharged earlier that day. Licensee did not waste the 100 mg, but misappropriated the Demerol for her personal use and consumption. Licensee submitted to a drug screen, which tested positive for the presence of Morphine and Demerol.	3/19/2004 to 3/19/2006
Kimberly A Smith Maryland Heights, MO	PN044305	<b>Section 335.066.2(5) and (12), RSMo 2000</b> Between 8/18/03 and 8/19/03, Licensee fraudulently documented her assessment of a resident who had fallen. Licensee fraudulently reported that the resident did not exhibit signs of discomfort, did not report the resident’s fall at shift change and did not complete the required paperwork. On 8/20/03, an X-ray was ordered, the results showed a right hip and femur fracture.	5/14/2004 to 5/14/2006
Vicki L. Spencer Saint Clair, MO	RN128415	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> From approximately 11/02 through 12/02, Licensee misappropriated Percocet on an ongoing basis.	3/17/2004 to 3/17/2007
Renee L. Teffer Troy, MO	PN050101	<b>Section 335.066.2(2), RSMo 2000</b> On 4/17/03, Licensee pled guilty to one count of stealing a controlled substance, class C felony.	4/17/2004 to 4/17/2009



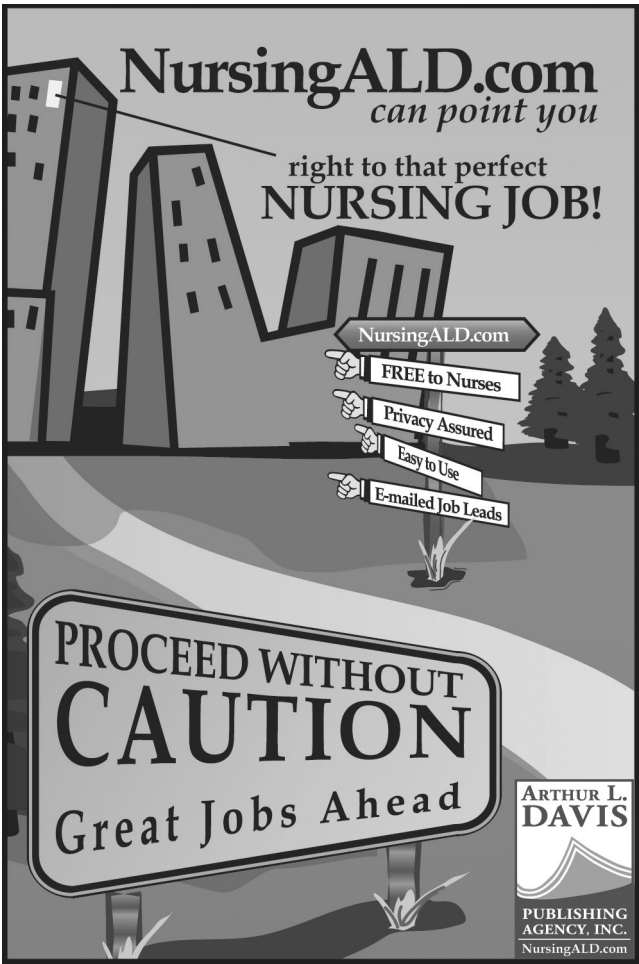
REVOKED LIST

Name	License Number	Violation	Effective Date of Revocation
Loretta A. Applegate Springfield, MO	PN042813	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.	Revoked 5/6/2004
Linda S. Askew Saint Louis, MO	PN041521	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.	Revoked 5/6/2004
Terri L. Mayes Saint Charles, MO	PN049171	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of her disciplinary agreement by not submitting required documentation.	Revoked 5/6/2004
Bimpe B. Osifo Kansas City, MO	RN138641	<b>Section 335.066.2 (15), RSMo 2000</b> On 7/24/01, Licensee was permanently placed on the employment disqualification list.	Revoked 6/5/2004
Laura L. Smith Olathe, KS	RN143403	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.	Revoked 5/6/2004

VOLUNTARY SURRENDER\*

Name	License Number	Effective Date of Voluntary Surrender
Melissa Donn Patch Tyler, TX	RN2000171947	Voluntary Surrender 5/14/2004
Edith D. Eads Williamsville, MO	PN029800	Voluntary Surrender 4/2/2004

\*Surrender is not considered a disciplinary action under current statutes.



DID YOU CHANGE YOUR NAME?  
DID YOU CHANGE YOUR ADDRESS?  
DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing..... ” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”  
Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please use the form or contact information below to notify the board office directly of any changes.

NAME AND ADDRESS CHANGE NOTICE			
1. Is this an address change?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Is this a name change?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> RN <input type="checkbox"/> LPN		Missouri License Number	
OLD INFORMATION (please print):			
First Name		Last Name	
Address :			
City	State	Zip Code	
NEW INFORMATION (please print)			
First Name		Last Name	
Address(if your address is a PO Box , you must also provide a street address):			
City	State	Zip Code	Telephone Number
Please provide signature:			

**Duplicate license instructions:**  
It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and/or wall hanging document), and the required fee of \$15.00 for processing a duplicate license.  
Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

**Is Your License Lost or Has It Been Stolen?**  
If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on our website at <http://pr.mo.gov>.

**You may contact our office in one of the following manners:**

- Internet E-mail: [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov) (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102
- Telephone: 573-751-0681 (address changes only)



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